

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 9 - 1956

36731

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 6114 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HWY 61 near Morley		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near Morley, Mo.			Length of stay in 1b 0	d. STREET ADDRESS 5655 Potomac (If outside, give location)	
3. NAME OF DECEASED (Type or print) First B. Middle Charles Last Uhlenhaut			4. DATE OF DEATH Month Oct. Day 29 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 2, 1918	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. Contract Mgr. Restaurant and Bar		10b. KIND OF BUSINESS OR INDUSTRY Supplies	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William C. Uhlenhaut			14. MOTHER'S MAIDEN NAME Margaret Almstedt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-01-2325	17. INFORMANT Mrs. Mildred Uhlenhaut Address St. Louis		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Badly mutilated body from being thrown under train.					INTERVAL BETWEEN ONSET AND DEATH 0
Conditions, if any, which gave rise to "above cause" (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					8104
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 27					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Body thrown under train in car-train collision				
20c. TIME OF INJURY 7:00 p. m. Hour 10-29-56 Month 10 Day 29 Year 56	100				
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway 61 north of Morley, Mo. near Morley		20f. CITY, TOWN, OR LOCATION Scott	COUNTY Scott	STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Thelma C. Buckthorpe, M.D. Health Officer			22b. ADDRESS Benton Mo.		22c. DATE SIGNED 10-31-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-1-56	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Nunnelee Funeral Chapel Sikeston, Mo.			ADDRESS 11-3-56	25. DATE RECD. BY LOCAL REG. 11-3-56	26. REGISTRAR'S SIGNATURE Mr. [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED NOV 5 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1156-236

NOV 9

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Not Embalmed*

Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.